

Saint Louis University  
Damage/Theft Report

Incident Date:

Reported On:

Building Damage Occurred:

Floor:

Reported By:

Position:

Department:

If the damage was caused by Fire, please complete the following section:

Was the building evacuated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Time Fire Discovered:	_____
Was Fire Dept. called?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Person who discovered fire:	_____
Was Fire Alarm activated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Extinguishers/fire hoses used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were extinguishers/hoses used:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Time Fire Dept. arrived:	_____
Indicate origin of fire: _____						

Person Completing Report:

Name \_\_\_\_\_ Date \_\_\_\_\_ Dept. \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Preparer's Signature \_\_\_\_\_

Updated 11/2023